EDITOR'S NOTEBOOK

THE JOINT COMMISSION ON MENTAL HEALTH OF CHILDREN

■ ■ ■ A groundswell of pressure for a study of the mental health needs of children in this country has come from a number of professional and lay groups—particularly from those with a responsibility for planning mental health services for children. The need is felt to be particularly acute because of such factors as the rising rate of mental hospital admissions for children and youth at the same time that similar statistics for adults have been showing a drop.

The 89th Congress, particularly through the efforts of Senators Ribicoff and Hill and Representative Fogarty, has responded to these pressures. In Public Law 89-97 an amendment authorized "the Secretary of Health, Education, and Welfare, upon the recommendation of the National Advisory Mental Health Council and after securing the advice of experts in pediatrics and child welfare, to make grants for carrying out a program of research into and study of our resources, methods, and practices for diagnosing or preventing emotional illness in children and of treating, caring for, and rehabilitating children with emotional illnesses." One million dollars was made available for a two-year period to carry out such a study.

Thirteen national associations having a primary interest in working with children were asked to nominate representatives who would become members of a Joint Commission on Mental Health of Children. The American Psychiatric Association acted as its secretariat. This Joint Commission, with a broadly based board of directors to meet the intent of the legislation, has been approved as the body to carry out the study.

Committees on studies are exploring possible patterns of work of the Joint Commission and areas to be covered. A committee on nominations is trying to plan for the broadest possible utilization of professional groups and individuals who can contribute to the Commission's mission.

The philosophy and goals of the Joint Commission are in many ways similar to those of the earlier Joint Commission on Mental Illness and Health, which did not have an opportunity to study and report on the problems of children and youth. The goals of the earlier commission were expressed as follows: "It should act on a conviction that the solution of the problem is far more important than any tradition, institution, procedure, alignment, professional responsibility, or set of theoretical assumptions. . . . It will be in no position to reject without examination any proposed solution to the problems and should boldly seek out divergent viewpoints."

The Commission should be ready to recommend a radical reconstruction of the present system if such is indicated rather than advocating a patching up of our present system. In general, the goal will be the development of new approaches by the use of present knowledge in new constellations or in different perspectives rather than the development of new basic facts. Out of such an examination of the formal and informal resources might hopefully come a radical conceptualization of the institutions so that resource use might be more economi-

cal and the mental health of children and families better served.

The Joint Commission on Mental Health of Children approaches these objectives with zeal, courage and determination.

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A NEW RECOGNITION OF ADOLESCENTS

■ ■ ■ This issue of the *American Journal of Psychiatry* features a special section on children and adolescents. Adolescent patients seem to have reached the point of recognition of the existence of their psychiatric problems. Little literature existed on such problems up to about 15 years ago. Since then, however, there has been a remarkable development of interest in these youngsters, with a gratifying enlightenment in understanding them and their emotional problems and illnesses.

The adolescent is an insecure individual. He must turn from his parents, family, home and siblings and form new and lasting relationships, giving up the libidinal attachments made and established during his entire life up to that age and reestablishing them with other object cathexes. New friends, new school work, new school placements, new social and play activities, new work activities are all available to him for the investment of the libido he is taking away from his earlier basic attachments.

It is obvious that this shift must produce tremendous insecurity, and it does. This applies to every generation of adolescents. The dress and behavior, the language, the musical and literary likes and dislikes, the entire mores of this group of individuals change in an everlasting drive to establish identity. It takes great patience on the part of teachers and parents to understand and deal with the needs of these adolescents in terms of their individual identities.

Their security is related to specific needs. Parents and teachers must set limits and stick with them. One does not assume that setting limits can only be done with a baseball bat in hand. It can be done softly. On the other hand, some permissiveness is valuable at times, but *total* permissiveness is destructive to the adolescent. The presence in the home of the parent of the same sex is of tremendous importance for identification needs, not only prior to puberty but during the early stages of adolescence.

To emphasize the extent of the acceptance of psychiatric problems of adolescents as an area into which psychiatrists can move, one has but to look at the enrollment of psychiatrists who treat adolescents today. In New York City, the Society for Adolescent Psychiatry has some 300 members. In Philadelphia, Chicago and Los Angeles there are local societies for adolescent psychiatry and there is a movement afoot to organize a National Society for Adolescent Psychiatry.

In the East, it is well known that in the psychiatric units in general hospitals, as well as in a number of the larger private psychiatric hospitals, somewhere between 30 and 40 percent of all patients seen are in the adolescent age group. This is not so much of a reflection of an increase in problems among adolescents as it is availability of treatment facilities which were not present before. The development of the psychiatric unit in the general hospital has made available to adolescents throughout the country a treatment source which was nonexistent, or practically so, previously. The more progressive state hospitals have also accepted the responsibility for treatment of youngsters in this group in the last decade.

Approximately 80 percent of the psychiatric illnesses that develop during this period of time respond well to short-term treatment; those who need